NOTICE OF CLAIM FORM to the City of Saint Paul, Minnesota

Minnesota State Statute 466.05 states that " ... every person... who claims damages from any municipality... shall cause to be presented to the governing body of the municipality within 180 days after the alleged loss or injury is discovered a notice stating the time, place, and circumstances thereof, and the amount of compensation or other relief demanded."

Please complete this form in its entirety by clearly typing or printing your answer to each question. If more space is needed, attach additional sheets. Please note that you will not be contacted by telephone to clarify answers, so provide as much information as necessary to explain your claim, and the amount of compensation being requested. You will receive a written acknowledgement once your form is received. The process can take up to ten weeks or longer depending on the nature of your claim. This form must be signed, and both pages completed. If something does not apply, write 'N/A'.

SEND COMPLETED FORM AND OTHER DOCUMENTS TO: CITY CLERK, 15 WEST KELLOGG BLVD. 310 CITY HALL, SAINT PAUL, MN 55102

First Name	Middle Initial Last Na	me			
Company or Business Nan	ne				
Are You an Insurance Con	npany? Yes / No If Yes, Claim Number?	?			
Street Address					
City	State	Zip Code			
Daytime Phone ()	Cell Phone ()	Evening Telephone (
Date of Accident/ Injury or	Date Discovered	Time am / pm			
		bmitting a claim. Please indicate why or how younsible for your damages.			
☐ My vehicle was damage☐ My vehicle was damage☐ My vehicle was wrongf☐ Other type of property of	d by a pothole or condition of the street	 ☐ My vehicle was damaged during a tow ☐ My vehicle was damaged by a plow ☐ I was injured on City property 			
In order to pro	cess your claim you need to include c	opies of all applicable documents.			
your claim. Documents <u>W</u> copy for yourself before su O Property damag \$500.00; or the act	<u>ILL NOT</u> be returned and become the probabiliting your claim form.	nents indicated or it will delay the handling of perty of the City. You are encouraged to keep a erepairs to your vehicle if the damage exceeds opy of the impound lot receipt			

Page 1 of 2 – Please complete and return both pages of Claim Form

O Other property damage claims: two repair estimates if the damage exceeds \$500.00; or the actual bills

and/or receipts for the repairs; detailed list of damaged items

O Injury claims: medical bills, receipts

O Photographs are always welcome to document and support your claim but will not be returned.

Failure to complete and return both pages will result in delay in the handling of your claim.

			his Form:					
Submitting a	false claim can result ii	ı prosec	cution. Date	form	was comple	eted		
By signing th	is form, you are stating ledge. Unsigned forms	that all	information	you				
☐ Chec	k here if you are attachin	g more	pages to this o	clain	n form. Nun	aber of a	dditional	pages .
				Telephone				
	miss work? Employer:							_(provide date(s))
Did you miss v	work as a result of your injuries work?	ıry?	Yes		No			
Address					T	elephone		
Name of Medic	cal Provider(s):							
Have you sought medical treatment? Yes When did you receive treatment?								
What part(s) of	f your body were injured?							
	injured?							
Injury Claims	Area Damaged - please complete this see							
	Driver of Vehicle (City F							
City Venicie.	License Plate Number		tvio	; ;	Color			
City Vehicle:	Area Damaged Make		Mo	del				
	Driver of Vehicle							
	Registered Owner							
Tour vemere.	License Plate Number							
Vehicle Claim Your Vehicle:	s – please complete this s Year Make _	ection		lel	□ ch	eck box	if this secti	ion does not apply
	etion.							
Dlagga indicata	the amount you are seeking	ng in con	mansation or	what	vou would li	ka tha Ci	ty to do to	resolve this claim
	accident or injury take plac rk, etc. Please be as detail							
Were the police or law enforcement called? If yes, what department or agency?								